

## Procedural Guide

0600-508.00

### FOSTER YOUTH SUBSTANCE ABUSE SERVICES

Date Issued: 10/05/09

New Policy Release

Revision of Existing Procedural Guide 0600-508.00, Foster Youth Substance Abuse Services, dated 5/12/09.

**NOTE: Current Revisions are Highlighted**

Contact information for Adolescent Intervention, Treatment, Recovery, and Prevention (AITRP) Providers, has been updated and a link has been inserted into the policy with the most current list of providers.

Cancels: None

### DEPARTMENTAL VALUES

The Department continues to focus on three priority outcomes. The three identified outcomes are improved safety for children, improved timelines to permanency, and reduced reliance on detention as the only method to assure safety for children.

This Procedural Guide supports the Department's efforts to achieve timely permanency (family reunification, adoption or legal guardianship) for children by providing support and services to dependent youth currently living within Los Angeles County who may have substance abuse issues and to provide a systematic process for them to be screened by a valid screening tool, receive a complete assessment if necessary, and to obtain appropriate treatment. The goal of the protocol is to achieve the well-being of dependent youth who have substance abuse issues and to reduce their chances of coming into contact with the juvenile delinquency system.

## WHAT CASES ARE AFFECTED

This Procedural Guide is applicable only to dependent youth, 12 years of age and older, who may have substance abuse issues.

## OPERATIONAL IMPACT

This policy applies to dependent youth, ages 12 or older who are presumed to have the ability to consent to participate in a treatment protocol and who do, in fact, consent to participate. Participation in this substance abuse treatment is **strictly voluntary** and is not meant to be punitive in any way. The Court, attorneys, social workers, caregivers, and providers shall work together to encourage dependent youth with substance abuse issues to participate in this treatment for their best interest.

## MAKING A REFERRAL FOR SUBSTANCE ABUSE SCREENING AND/OR ASSESSMENT

### Notify the Court as Soon as Possible

When the Department of Children and Family Services (DCFS) Social Worker, parent/caregiver, the youth, youth's attorney, Court Appointed Special Advocate (CASA), etc. identifies risk factors associated with alcohol and other drug (AOD) use, it should be brought to the Court's attention as soon as possible. This could occur at a regularly scheduled hearing or through a walk-on report. The Dependency Court Judicial Officer may also identify a youth needing an AOD screening.

**NOTE:** The need for screening is initiated by knowledge of substance use and/or abuse, or by risk factor(s) listed on the *Indicators of the Need to Screen Adolescents for Substance Use/Abuse*.

### Informing the Youth

The youth must be present at the hearing where an order for an AOD screening is made. The youth should understand the Court's purpose in referring the youth for an AOD screening. The youth should be encouraged to participate, but also understand their right to refuse participation.

Ensure that the youth is present at the hearing where the information from the AOD Tool is presented or report to the court the reason why the youth will not be in attendance.

**NOTE:** Parent/Guardian notification of the Substance Abuse Screening/Assessment Referral hearing is not required.

When an AOD Screening is ordered by the court, the DCFS Court Officer will complete the Dependent Youth Adolescent Intervention, Treatment, Recovery, and Prevention (AITRP) Referral and FAX it to the appropriate AITRP Service Provider (see attached) and to the Case-Carrying CSW. This must occur within 72 hours of the court's order.

### **Referral for AOD Screening/Assessment Ordered**

The Dependency Court Judicial Officer will order DCFS to refer a youth in need of an AOD screening to the Adolescent Intervention, Treatment, Recovery, and Prevention (AITRP) agency closest to the youth's residence within 72 hours. DCFS is responsible for completing and submitting the *Dependent Youth Adolescent Intervention, Treatment, Recovery, and Prevention (AITRP) Referral Form* to the AITRP agency, and making sure that the youth and caregiver know where to go, when to go and that they have the means to get to the AITRP agency. DCFS shall follow-up with the youth and/or the youth's caregiver to find out if the youth attended the appointment with the designated treatment agency.

DCFS Juvenile Court Service staff will send an alert (Dependency Court Youth Substance Abuse Treatment Program) to the CSW of the Court's referral to the (FYSAP).

#### **FYSAP ADPA Contracted Providers**

<http://lakids.dcfslacounty.gov/DrugTesting%2009/documents/ADPA%20Youth%20Services%20Provider%20Map%20and%20Contacts.pdf>

The link may also be accessed via the Drug Testing website under "Services for Minors" and under "Treatment Resources"

The AITRP agency will initiate the screening and/or assessment within five working days of receipt of the DCFS referral by contacting the youth and/or the caregiver at the approved contact number(s) listed on the referral form. The AITRP agency may also coordinate the appointment with the DCFS Social Worker. If the youth does not attend the initial appointment, the AITRP agency will make multiple attempts to engage the youth in services.

### **Order for Follow-Up Court Appearance**

The Court shall order the youth to appear in Dependency Court within 40 days of the initial screening order. DCFS will coordinate the youth's follow-up appearance in

Court, and provide assistance as necessary. The AITRP agency will submit the *Screening and Assessment Report and Recommendation* form to DCFS five working days prior to the Court appearance. DCFS will submit the form to the Court 48 hours prior to the hearing.

### **The AITRP Agency Completes the AOD Screening/Assessment**

At the appointment, the AITRP agency will conduct the screening and/or assessment, and obtain the appropriate informed consent and release of information forms. The AITRP agency will complete the *Screening and Assessment Report and Recommendation* form that indicates the need for AOD services and any intervention/treatment objectives. The AITRP agency should contact the CSW and/or the youth's attorney to obtain information that would be helpful in completing the assessment. This form will be submitted to DCFS five working days before the youth's scheduled follow-up Court date.

**NOTE:** If an AOD screening suggests a need for intervention/treatment services, the youth should be engaged in services before the next Court appearance if space is available. If the youth has participated in services for a period of time that permits assessment of treatment progress, the AITRP agency should submit the *Youth Progress Report* form with the *Screening and Assessment Report and Recommendation* form to DCFS before the scheduled follow-up Court date.

### **Foster Youth AOD Referral & Services Tracking Tool**

This form is used to assist the CSW in tracking their youth's referral to Court for AOD screening and subsequent participation and progress in the treatment program.

### **Initial Follow-Up Court Appearance**

At the initial follow-up Court appearance, the Court will review the *Screening and Assessment Report and Recommendation* form provided by the AITRP agency. If the youth has begun treatment, the Court will also review the *Youth Progress Report* form to assess any progress that has been made. The Court will praise and encourage the youth, who is cooperating with the plan, and explore the reason(s) for lack of participation and determine any necessary support for the youth who has not initiated services. The Court should emphasize rewards and incentives, in preference to sanctions or negative consequences, to encourage treatment compliance since the Court cannot compel a youth to participate in treatment. The Court should encourage the youth, whether progress is positive or not. The Court shall set another Court date with the youth in 30 days, or less if needed.

### **Additional Follow-Up Court Appearances**

The Court will review the *Youth Progress Report* form to assess any progress that has been made to date. The Court will praise and encourage the youth, who is cooperating with the plan, and explore the reason(s) for lack of participation and determine any necessary support for the youth who is not participating in services. The Court should emphasize rewards and incentives, in preference to sanctions or negative consequences, to encourage treatment compliance since the Court cannot compel a youth to participate in treatment. The Court should encourage the youth, whether progress is positive or not. The Court may order status reports on the progress of the youth from other agencies (e.g., DCFS).

The Court shall continue to set additional follow-up Court appearances at time intervals deemed necessary by the Court until the youth has completed the program or until the Court determines that future Court appearances are not conducive to further progress in this regard.

### **Additional Follow-Up Hearing(s)**

The Case-Carrying CSW will ensure that the youth is present at any additional follow-up court appearance hearings or report to the court the reason why the youth will not be in attendance. The CSW will assist the youth with transportation when needed. The CSW will provide the AITRP Youth Progress Report to the court at least 48 hours prior to the hearing.

**NOTE:** The AITRP Agency will submit the AITRP Youth Progress Report to the Case-Carrying CSW **five working days** prior to the court appearance.

### **The AITRP Agency Completes the Youth Progress Report Form**

The AITRP agency shall submit the *Youth Progress Report* form to DCFS five working days prior to each additional follow-up Court appearance. This form includes: 1) number of completed sessions, 2) treatment progress to date, 3) comments on protective factors and risk factors for substance use (i.e. school, peer/social relationships, family) and 4) comments on recent substance use. The CSW will submit the *Youth Progress Report* form to the Court 48 hours prior to each follow-up Court appearance.

### **Drug Testing**

Drug Testing is at the discretion of the AITRP agency, but it **will not be required** by the Dependency Court. Drug testing is a therapeutic tool to be utilized by the AITRP agency in a larger context of engaging, retaining, and motivating the youth in his or her treatment success. For youth participating in drug testing, the AITRP agency will only

provide results to the Court if the youth and the AITRP agency agree that it will be in the youth's best interest.

The Los Angeles County Dependent Youth Substance Abuse Treatment Protocol will consider other important factors specific to a youth's individual treatment plan to understand if the participant is progressing satisfactorily and if the treatment plan needs modifying. Therefore, **under no circumstances** shall drug test results, if provided to the Court, be used as evidence of a new crime, a violation of probation or in any other manner not consistent with the goals of the Los Angeles County Dependent Youth Substance Abuse Treatment Project.

### **Confidentiality**

Bearing in mind the youth's rights to confidentiality, determine with the youth, whether or not there will initially be parent/guardian involvement. If the youth requests confidentiality regarding screening, assessment or treatment, all documents related to this process are to be delivered to the court in a sealed envelope clearly marked as "**CONFIDENTIAL**". **Additionally, no reference is to be made to the youth's involvement in screening, assessment or treatment in court reports or case plans including the TILP.**

The youth's participation in the program is confidential. Consult with County Counsel regarding any request to view any forms or documents related to the youth's participation in the program other than the court or the youth's attorney. **File all forms/documents related to the youth's participation in the program in a 9x12 manila envelope and label it "Privileged/Confidential Information". File the envelope in the Psychological /Medical/ Dental/School Report (purple) folder.**

### **Procedures**

#### **A. WHEN: MAKING A REFERRAL FOR SUBSTANCE ABUSE SCREENING AND/OR ASSESSMENT**

Participation in this substance abuse treatment is **strictly voluntary** and is not meant to be punitive in any way.

#### **Case-Carrying CSW Responsibilities**

1. Review caseload for any youth 12 years of age and older and identify all dependent youth who may have substance abuse issues.

**NOTE:** The need for screening is initiated by knowledge of substance use and/or abuse, or by risk factor(s) listed on the *Indicators of the Need to Screen Adolescents for Substance Use/Abuse*.

2. Complete the AOD Indicators Tool.
3. Consult with Department of Mental Health (DMH) liaison and/or Public Health Nurse (PHN) to more thoroughly assess if substance abuse issues exist.
4. Notify the court, as soon as possible, by either submitting a walk-on report with a copy of the AOD Indicators Tool attached or by incorporating the information into the next scheduled hearing report and attaching a copy of the AOD Indicators Tool.

**NOTE:** Bearing in mind the youth's rights to confidentiality, determine with the youth, whether or not there will initially be parent/guardian involvement. If the youth requests confidentiality regarding screening, assessment or treatment, all documents related to this process are to be delivered to the court in a sealed envelope clearly marked as "**CONFIDENTIAL**". Additionally, no reference is to be made to the youth's involvement in screening, assessment or treatment in court reports or case plans including the TILP.

5. Inform the youth of the scheduled hearing. Ensure that the youth is present at the hearing where the information from the AOD Indicators Tool is presented or report to the court the reason why the youth will not be in attendance. The youth should be encouraged to participate, but also understand their right to refuse participation.

**NOTE:** According to California Family Code, Section 6929(b), a child who is 12 years of age or older may consent to medical care and counseling relating to the diagnosis and treatment of a drug or alcohol related problem.

6. Refer the youth for AOD screening/assessment once ordered by Court.

**NOTE:** The Dependency Court Judicial Officer will order DCFS to refer a youth in need of an AOD screening to the Adolescent Intervention, Treatment, Recovery, and Prevention (AITRP) agency closest to the youth's residence **within 72 hours**.

7. Complete and submit the *Dependent Youth Adolescent Intervention, Treatment, Recovery, and Prevention (AITRP) Referral Form* to the AITRP agency.

8. Ensure that the youth and caregiver know where to go, when to go and that they have the means to get to the AITRP agency.
9. Follow-up with the youth and/or the youth's caregiver to find out if the youth attended the appointment with the designated treatment agency.
10. Coordinate with the AITRP Agency, when needed, regarding appointment scheduling and to provide information to complete the assessment.

**NOTE:** Parent/Guardian notification of the Substance Abuse Screening/Assessment Referral hearing **is not required.**

When an AOD Screening is ordered by the court, the DCFS Court Officer will complete the Dependent Youth Adolescent Intervention, Treatment, Recovery, and Prevention (AITRP) Referral and fax it to the appropriate AITRP Service Provider (see attached) and to the Case-Carrying CSW. This must occur **within 72 hours** of the court's order.

The Court shall order the youth to appear in Dependency Court within 40 days of the initial screening order. DCFS will coordinate the youth's follow-up appearance in Court, and provide assistance as necessary. The AITRP agency will submit the *Screening and Assessment Report and Recommendation* form to DCFS **five working days** prior to the Court appearance.

11. Notify the AITRP agency of the hearing results **within 2 days** after each hearing, in order to allow the AITRP agency ample time to prepare for the next hearing.
12. If the AITRP Screening and Assessment Report and Recommendation and/or the Youth Progress Report has not been received **2 weeks prior** to the court hearing from the AITRP agency, call the agency and request this information from the AITRP agency.
13. Submit the *Screening and Assessment Report and Recommendation* form to the Court 48 hours prior to the hearing.
14. Upon receipt of the court order and referral to AITRP provider, the following steps **shall be taken**:
  - On the Special Projects Page of the youth Client Notebook, select Youth Substance Abuse Services.
  - Enter a Start date. Use the date the Court ordered the youth to participate in the program.

15. Ensure that the youth is present at the Initial (40 day) Follow-up Court Appearance hearing or report to the court the reason why the youth will not be in attendance. The CSW will assist the youth with transportation when needed. The CSW will provide the AITRP Screening and Assessment Report and Recommendation and/or the Youth Progress Report (if the youth has begun treatment) to the court at least 48 hours prior to the hearing.

**NOTE:** The AITRP Agency will submit the Screening and Assessment Report and Recommendation and, when applicable, the AITRP Youth Progress Report to the Case-Carrying CSW **five working days** prior to the court appearance.

### **SCSW Responsibilities**

1. During case reviews ensure that the CSW has complied with the standards set forth in this Procedural Guide.

### **B. WHEN: UPDATING THE COURT AS TO THE YOUTH'S PROGRESS**

The youth's participation in the program is confidential.

### **CSW Responsibilities**

1. All documents related to the youth's involvement in the substance abuse program are to be delivered to the court in a sealed envelope clearly marked as "CONFIDENTIAL".
2. No reference is to be made to the youth's involvement in screening, assessment or treatment in court reports or case plans, including the TILP.
3. File all forms/documents related to the youth's participation in the program in a 9 x 12 manila envelope and label it "Privileged/Confidential Information".
4. File the envelope in the Psychological/Medical/Dental/School Report (purple) folder.

### **C. WHEN: DOCUMENTING CONTACTS IN THE CONTACT NOTEBOOK**

### **CSW Responsibilities**

Upon receipt of the AITRP Screening and Assessment Report and Recommendation the Case-Carrying CSW is responsible for:

1. Creating a new Service Provider in the Contact Notebook under the ID Service Provider Category: Substance Abuse (Counselor/Testing) and adding the agency's name, address and phone number.
2. Documenting Associated Services under the Service Category: Substance Abuse Services Service Type: As recommended by AITRP provider (counseling, substance abuse (inpatient or outpatient)).
3. Documenting the Start Date in Associated Services.

### **SCSW Responsibilities**

1. During case reviews ensure that the CSW has complied with the standards set forth in this Procedural Guide.

### **D. WHEN: COMPLETING SDM DOCUMENTATION**

#### **CSW Responsibilities**

1. When completing the Family Strengths and Needs Assessment SDM tool for the case plan update, complete CSN6 in the Family Strengths and Needs Assessment

#### **SCSW Responsibilities**

1. During case reviews ensure that the CSW has complied with the standards set forth in this Procedural Guide.

### **D. WHEN: SUBSTANCE ABUSE SERVICES ARE TERMINATED**

#### **Case-Carrying CSW Responsibilities**

1. Enter that date in the "End Date" field of the Special Project Page.
2. Document the End Date in Associated Services
3. Document the reason the services were terminated in the Narrative, i.e., "the youth completed program successfully", "the provider terminated services (and why)", "the youth moved out of the service area", "youth dropped-out", etc.

#### **SCSW Responsibilities**

1. During case reviews ensure that the CSW has complied with the standards set forth in this Procedural Guide.

## JCS COURT OFFICER CSW RESPONSIBILITIES

When an AOD Screening is ordered by the court, the DCFS Court Officer will complete the Dependent Youth Adolescent Intervention, Treatment, Recovery, and Prevention (AITRP) Referral form. The Juvenile Court Services Court officer will immediately call (by no later than the end of the business day) the appropriate AITRP. JCS support staff will fax the referral to the AITRP. In addition, the JCS Court Officer will notify the Case-carrying CSW by telephone of the Court's order and that the referral has been completed. In addition, a copy of the referral will be mailed to the Case-Carrying CSW. This must occur within 72 hours of the court's order.

All forms are available on LA Kids.

## APPROVAL LEVELS

Section	Level	Approval
A. – D.	None	

## OVERVIEW OF STATUTES/REGULATIONS

**California Family Code, Section 6929(b)**, a minor who is 12 years of age or older may consent to medical care and counseling relating to the diagnosis and treatment of a drug- or alcohol-related problem.

## LINKS

**California Code** <http://www.leginfo.ca.gov/calaw.html>  
**Division 31 Regulations** <http://www.cdss.ca.gov/ord/PG309.htm>  
**Title 22 Regulations** <http://www.dss.cahwnet.gov/ord/PG295.htm>  
**FYSAP ADPA Contracted Providers**

<http://lakids.dcfslacounty.gov/DrugTesting%2009/documents/ADPA%20Youth%20Services%20Provider%20Map%20and%20Contacts.pdf>

The link may also be accessed via the Drug Testing website under "Services for Minors" and under "Treatment Resources"

## RELATED POLICIES

[Procedural Guide 0070-521.10](#), Assessment of Drug/Alcohol Abuse

[Procedural Guide 0080-504.20](#), Case Plan Update

[Procedural Guide 0300-306.80](#), Transportation Requests to Bring Children to Court

## FORM(S) REQUIRED/LOCATION

**LA Kids:**

[AOD Indicator Tools](#)

[AITRP Referral](#)

[AOD Referral & Treatment Tracking Tool](#)

**CWS/CMS:**

Contact Notebook

Special Projects Page

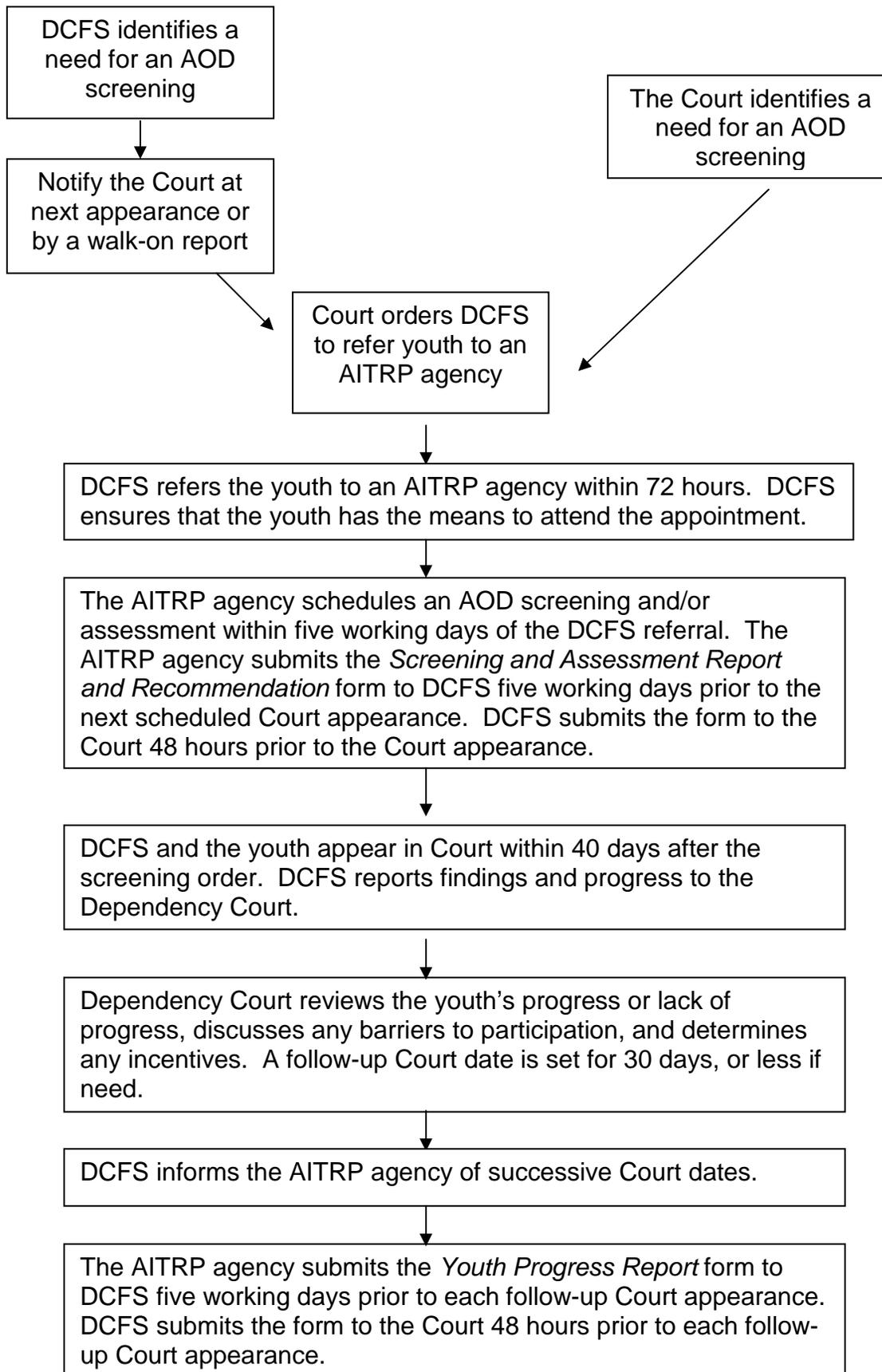
Case Plan Update

**SDM:**

Structured Decision Making Family Strengths and Needs

Assessment

## Foster Youth Substance Abuse Treatment Protocol Flow-Chart



Youth's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Case Number: \_\_\_\_\_

**ALCOHOL AND OTHER DRUG (AOD) INDICATORS TOOL  
FOR ADOLESCENTS**

**Risk Factor**

"Youths from substance-abusing families frequently have serious emotional and behavioral problems, including a tendency to choose risky behavior, such as alcohol or other drug use. Substance abuse is a factor in at least three quarters of all foster care placements, and recent studies indicate high rates of lifetime substance use and substance use disorders for youths in the foster care system."<sup>(1)</sup>

**Symptoms/Behaviors Indicative of Substance Use/Abuse**

The following symptoms/behaviors may be indicative of alcohol/drug use, a mental health disorder and/or a health condition, or ordinary adolescent stress. Whatever the root cause, the occurrence of these symptoms/behaviors (especially if they persist or occur in a cluster)<sup>(2)</sup> in conjunction with the risk factor explained above, warrant the administration of a screening instrument to determine alcohol/drug use. Consider each indicator and check off all that apply. If one or more exists the court must be notified per the Dependent Youth Substance Abuse Treatment Protocol.

**Problems at School**

- In class
- Sudden decline in performance or attendance
- Forged notes
- Forgetfulness or difficulty paying attention

**Problems at Home**

- Increased secretiveness or heightened sensitivity to inquiry
- Defiance, i.e. refusal to do chores, obey curfew, etc.
- Changes in friends and reluctance to talk about new friends
- Money missing from parent's purse, wallet, and/or valuables missing from home
- Unusual sleeping habits
- Loss of interest in hobbies, sports, or other activities
- Running away
- Changes in physical appearance, i.e., poor hygiene, unusual style changes

**Emotional Problems**

- Mood changes, i.e., irritability, depression, anxiety, unexplained euphoria
- Hostile, aggressive outburst
- Paranoia
- Suicidality

**Physical Problems**

- Sudden, unexplained weight loss
- Binge eating
- Frequent accidents, injuries
- Dilated pupils
- Tremors
- Chronic cough
- Looking 'spacey'

**Behavioral Problems**

- Fighting
- Lying
- Blaming attitude
- Self-mutilation (i.e. cutting)
- Activities that could have legal repercussions (i.e., stealing, shoplifting, vandalism, prostitution).

(1) The National Survey on Drug Use and Health (NSDUH) Report. (2005). Substance Use and Need for Treatment among Youths Who Have Been in Foster Care

(2) American Council for Drug Education, Signs, and Symptoms of Drug Use. Accessed online May 10, 2006.

<http://www.acde.org/common/Symptom.htm>

ADOLESCENT INTERVENTION, TREATMENT, RECOVERY, AND PREVENTION  
(AITRP) AGENCY REFERRAL

<b>AITRP Agency</b>	AITRP Agency:		
	Contact Name:	Phone:	FAX:

<b>Youth's Information</b>	Youth's Name:		Birth Date:	
	Contact Number(s):			
	[1]	[2]		
	Caregiver Name		Relationship:	
	<b>OR</b>			
	Group Home Name:		Contact:	
	Address:			
Interpreter Needed to Schedule an Appointment: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, Language:				

<b>Court Information/Contacts</b>	Court Department #	Court Case #	Follow-Up Court Date	
	Children's Social Workers Name:		Phone:	FAX:
	Children's Social Workers Location:			
	Youth's Attorney Name:		Phone:	FAX:
	Court Appointed Special Advocate Name:		Phone:	FAX:

**Note:** This document is for referral purposes only. It does not permit the AITRP agency to respond to inquiries from DCFS as to whether the referred child contacted the AITRP agency or attended an appointment.

By faxing this form to the AITRP agency, DCFS assures that the youth approves of the referral and agrees to the AITRP agency contacting him/her at the telephone number(s) identified in the *Youth's Information* section. The AITRP agency will make all reasonable efforts to avoid providing the agency name or the purpose of the telephone call to those other than the youth and caregiver(s)/contacts listed above.

## Foster Youth AOD Referral & Services Tracking Tool

Youth's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Case Number: \_\_\_\_\_ Youth's Atty.: \_\_\_\_\_

Date Court Ordered AITRP Referral: ..... \_\_\_\_\_  
Date AITRP Referral FAXed to AITRP & CSW: ..... \_\_\_\_\_  
Name of AITRP Provider: \_\_\_\_\_  
Youth Screened by AITRP provider on: ..... \_\_\_\_\_  
Date CSW received AITRP Screening & Assessment Report & Recommendation: ..... \_\_\_\_\_  
Substance Abuse Treatment Recommended? .....  Yes  No  
Youth Agreed to Substance Abuse Treatment? .....  Yes  No  
Date Youth Began Substance Abuse Treatment: ..... \_\_\_\_\_  
Was Other Treatment Recommended? .....  Yes  No  
Date Youth Began Other Treatment: ..... \_\_\_\_\_

**Progress Report #1** Date: \_\_\_\_\_  
Satisfactory Participation?  Yes  No Satisfactory Progress?  Yes  No

**Progress Report #2** Date: \_\_\_\_\_  
Satisfactory Participation?  Yes  No Satisfactory Progress?  Yes  No

**Progress Report #3** Date: \_\_\_\_\_  
Satisfactory Participation?  Yes  No Satisfactory Progress?  Yes  No

**Progress Report #4** Date: \_\_\_\_\_  
Satisfactory Participation?  Yes  No Satisfactory Progress?  Yes  No

Date Substance Abuse Treatment Ended: \_\_\_\_\_  
Satisfactory Completion?  Yes  No  
Unsatisfactory Completion Due To: (check box that applies & explain below)  
 Youth Terminated  Program Terminated  Other

Explanation for Unsatisfactory Completion:

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## **Dependency Court Youth Substance Abuse Treatment Program**

### **To The CSW:**

You have received this referral as the identified youth has been referred to the Dependency Court Substance Abuse Treatment Program. The youth has voluntarily agreed to participate in substance abuse treatment/counseling. A referral has been made to an Adolescent Intervention Treatment, Recovery and Prevention Agency. (AITRP)

### **Included in this Packet:**

- Copy of the AITRP referral
- Youth's signed Consent Form (when available)

### **Court Officer Responsibilities:**

The court officer has already completed the AITRP referral. The AITRP agency has been selected and contacted. Juvenile Court Services has faxed the referral and Youth's Consent form to the AITRP agency.

### **CSW Responsibilities:**

Once you receive the AITRP referral from the court officer, you must do the following.

1. Work with the identified AITRP agency to coordinate the appointment for the Intake Evaluation. You will find the name of the agency and Intake Coordinator on the AITRP referral. The court will set an appearance hearing within 30-days of the initial screening order.
2. Arrange for the youth to be transported to the Intake Evaluation. The CSW, caregiver, FFA agency or parent if appropriate may transport the youth to the appointment. Ultimately, it is the CSW's responsibility to ensure that the youth is transported to all scheduled appointments.
3. The AITRP agency will contact the CSW and/or the youth's attorney to obtain information that may be helpful in completing the screening. Five working days before the hearing, the AITRP agency will provide you with a copy of the *Screening and Assessment Report and Recommendation form* that indicates the need for *alcohol and other drug (AOD)* services and any intervention/treatment objectives. If you do not receive the report five working days before the hearing, contact the AITRP agency.
4. You **MUST** attach the AITRP report to your Progress report and submit it to the court. The report must be sent to the court 48 hours prior to the scheduled hearing date. If the AITRP agency fails to send the report, notify the court of your efforts to obtain the report. (Include the dates and times you called the agency and whom you spoke with.) Do not wait until the day before the hearing to attempt to get the report.

5. Participation in the Youth Substance Abuse Treatment Program is voluntary. If the youth ultimately changes his/her mind about participation in the program and/or refuses to attend treatment, you must document this information in your Progress report.
6. If the youth agrees to treatment, the CSW must work with the AITRP agency and caregivers to ensure that the youth has transportation to attend all counseling sessions.
7. The youth must be present for the Progress hearings. The CSW must ensure that caregivers or the DCFS Court Transportation Unit is notified and the youth is transported to court.
8. For all future Progress Hearings, five working days before the hearing the AITRP agency will provide the CSW with the *Youth Progress Report form*. The Progress report will contain:
  - 1) Number of completed sessions.
  - 2) Treatment progress to date.
  - 3) Comments on protective factors and risk factors for substance abuse use.
  - 4) Comments on recent substance abuse.

You MUST send all AITRP Progress reports to the court. The CSW remains responsible for arranging transportation for the youth for all Appearance hearings.

Refer to Procedural Guide 0600-508.00 - Foster Youth Substance Abuse Services

PPM:ppm (Dependency Court Youth Substance Abuse Program - Memo to CSWs - August 2008)